

Date In: 17/05/2018 11:51	Job description: SAS calling	Date & Time Completed:	Done by:
Ref No: NBA/0361800895714	Drivell (Vehicle Make, Model, Year)		
Veh No: SJR 1062J	Motor Claim Origin		
DOA: 15/05/2018 10:15	Motor W/O (Vehicle No, Year, Make)		
OT (TP) Reporting Only	Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/VKWS		

Preferred Wksp / INC Assign Wksp / OW: ()		Tel: ()	Fax: ()
TP Particulars: ()	Yell No: GBS 9525	INC: () / Non-INC: ()	
Owner / Driver: ()		Tel: ()	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by: ()	Date: ()	Time: ()	
Insured/Driver Liability: ()	% (Note: BSL Starts (WO): NI 0.20%, P: 21.79%, P: 30.100%)		
Year of Registration: ()	Warranty: YES () / NO ()		
Excess: (\$)	Loading: (\$1,000 () / \$2,000 ()		

General Remarks:

() Work-In-Gladiator | Customer's Information strictly Confidential & Strictly NO refer of repeller.

() Total Loss Case | to e-mail Insurer URGENTLY.

Drive-In: () / Towed-In: () | Invoice: YES () / NO () | Towing Co: ()

Remarks	Date Time Completed	Done by
1) Apply for Transition Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Recovery Photo (Repair Cost > \$3000) ()		

Injury: ()

Date Time: ()

Location: ()

<p>101803185</p> <p>Insured/Owner: ()</p> <p>Policy No: ()</p> <p>Assessed Position: ()</p> <p>Checked by (Sign-In-Charge): ()</p> <p>Comments: ()</p>	<p>Invoice Preparation Checklist</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>1) AR: Accident Reporting (300)</td> <td>INC (AR)</td> </tr> <tr> <td>2) DA: Damage Assessment (300)</td> <td>INC (AR)</td> </tr> <tr> <td>3) TP: Towing Fee</td> <td>INC (AR)</td> </tr> <tr> <td>4) PT: Follow Through Survey</td> <td>INC (AR)</td> </tr> <tr> <td>5) PT: Follow Through Survey (Recovery)</td> <td>INC (AR)</td> </tr> <tr> <td colspan="2">For Release of Vehicle INC Date (Wet 10 for 100)</td> </tr> <tr> <td>6) TR: Bill of Lading</td> <td>INC (AR)</td> </tr> <tr> <td>7) NI: NI/DA + SMRT Survey</td> <td>INC (AR)</td> </tr> <tr> <td>8) NTUC Additional Fee (200)</td> <td>INC (AR)</td> </tr> <tr> <td colspan="2">Q11:</td> </tr> <tr> <td>NI: Courtesy Car / Tel Allowance</td> <td>INC (AR)</td> </tr> <tr> <td>NI: Repair Condition Van</td> <td>INC (AR)</td> </tr> <tr> <td>NI: Post Repair Inspection</td> <td>INC (AR)</td> </tr> <tr> <td>NI: BY / Collision / Collision</td> <td>INC (AR)</td> </tr> <tr> <td>TP: NI/TP/INC/INC/INC/INC</td> <td>INC (AR)</td> </tr> <tr> <td>3) NI: NI: NI: NI</td> <td>INC (AR)</td> </tr> </table> <p>Invoice Total: ()</p> <p>Net Charged: ()</p>	1) AR: Accident Reporting (300)	INC (AR)	2) DA: Damage Assessment (300)	INC (AR)	3) TP: Towing Fee	INC (AR)	4) PT: Follow Through Survey	INC (AR)	5) PT: Follow Through Survey (Recovery)	INC (AR)	For Release of Vehicle INC Date (Wet 10 for 100)		6) TR: Bill of Lading	INC (AR)	7) NI: NI/DA + SMRT Survey	INC (AR)	8) NTUC Additional Fee (200)	INC (AR)	Q11:		NI: Courtesy Car / Tel Allowance	INC (AR)	NI: Repair Condition Van	INC (AR)	NI: Post Repair Inspection	INC (AR)	NI: BY / Collision / Collision	INC (AR)	TP: NI/TP/INC/INC/INC/INC	INC (AR)	3) NI: NI: NI: NI	INC (AR)
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	17/05/2018 11:51
Date Of Accident	15/05/2018 10:15
Exact Location Of Accident	UPP THOMSON RD (NEAR LAMP POST 195) NEAR SPC
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP1063J
Insured/Policyholder	
Name Of Registered Owner	FUNG POON YUEN
NRIC No	S2597989C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98365663
Alternative Phone No	OTHERS-98365663

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	8-V0017218-MVA
Cover Note Number	

Driver

Name of Driver	FUNG POON YUEN
NRIC No	S2597989C
Date Of Birth	26/07/1957
Occupation	INDOOR
Date Of Driving Pass	22/07/1991
Driving Experience	26 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98365663
Fax Number	
Contact Number	OTHERS-98365663
Email Address	NOEMAIL

Address	BLK 412 SEMBAWANG DRIVE #07-746
Postcode	750412
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG952S
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	YEO CHOR PUANG
NRIC/Passport Number	S1300887F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLF4150A
Vehicle Make/Model/Colour	MITSUBISHI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHOON KIM FONG
NRIC/Passport Number	S2176348I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:



- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:



Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No. 

SKETCH PLAN

(LP145) upper Thomson Rd

(A) 5JP 1063J

⑧ 4 BG-9525

① SLF 4150A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 15/05/18 @ about 10:15am, I am travelling along upper Thomson Rd. I am on Lane 2, travelling straight within my lane. At that point of time, everyone is travelling slowly, when suddenly, I felt an impact on my rear portion and the strong impact cause my vehicle to surge forward and hit onto the vehicle in front of me. When I got down, I found myself in a 3 car chain collision. I am the second car.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:

17/05/2018

tre Personnel's Signature

Date of Accident : 15/05/18 / Accident Time: 10.15am (24-HR-FORMAT) station
Accident Place : upper Thomson Rd (near ramp off 195) near SPC Petrol
Vehicle Reg. No (Car plate No.) : SJp 1063J
Vehicle Make/Model : Toyota Altis
Insurance Company : QBE Policy No. 8-V0017218-MVA
Owner or Company Names /IC NO: Fung Poon Yuen /S2597989C
Owner or Company Contact No. : 9836 5663 Owner's HP _____ Company Tel _____
DRIVER'S Name & IC no. : Fung Poon Yuen /S2597989C
DRIVER'S Date of Birth : 26/07/1957 DRIVER'S License Pass Date 22 Jul 1991
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner
DRIVER'S Address : Alk 412 Sembawang Drive #07-746 (S) 750412
DRIVER'S Contact No./ Alt No. : 1) 9836 5663 2) _____
DRIVER'S Occupation : INDOOR OUTDOOR (eg. working inside or outside of an ofc) self employed
Email Address : _____
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Ins
Number of Passengers (including Driver): 2 DRIVER - male
PASSENGER - female
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: 8 GBG 9525
Vehicle Make/Model: Nissan
Name DRIVER: Yeo Chor Puang
IC No. DRIVER: S1300 887 F
DRIVER'S Contact & add: _____

Vehicle Reg No: 5 SLF 4150 A
Vehicle Make/Model: Mitsubishi
Name DRIVER: Choon Kim Fong
IC NO. DRIVER: S217 63481
DRIVER'S Contact & add: _____

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIFICATION

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE

22 Jul 1991

NP 42BA



Licence No: S2597989C

5636993



NRIC No: S2597989C



Date of issue
01-08-2016

APT BLK 412 SEMBAWANG DRIVE #07-746
SINGAPORE 750412

NRIC No: S2597989C Date: 23/08/2017

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S2597989C

Name: FUNG POON YUEN

Birth Date: 26 Jul 1957

Issue Date: 04 Mar 2004

1001150918H

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2597989C



Name
FUNG POON YUEN

冯本源

Race
CHINESE

Date of birth
26-07-1957

Country/Place of birth
CHINA

Sex
M

QBE Insurance (Singapore) Pte Ltd

A member of the worldwide QBE Insurance Group - Unique Entity No. 198401363C

1 Raffles Quay, #29-10 South Tower, Singapore 048583

Tel: 65-6224 6633 Fax: 65-6533 3270

GST Registration No.: M200644018

INVOICING TO PTE LTD

QBE**Certificate of Insurance**

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULE, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No. **8-V0017218-MVA**

Account Name **LCH LOCKTON PTE. LTD**

MCI Type **MX1**

- 1 Index Mark and Registration Number of Vehicle or Chassis No: **SJP1063J**
- 2 Name of Policyholder **FUNG POON YUEN**
- 3 Effective date of Commencement of Insurance for the purpose of the Regulations **11/03/2018**
- 4 Date of Expiry **10/03/2019**
- 5 Person or Classes of Person entitled to drive*

(a) The Policyholder

The Policyholder may also drive a motor car not belonging to him/her and not hired to him/her under a hire purchase agreement.

(b) Any person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from the driving the Motor Vehicle

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage

- 6 Limitations as to use*

Use only for social domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing or the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

- 7 Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risk and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia) are not to be included under these headings

I/WE HEREBY CERTIFY that the Policy to which this certificate relates is issued in accordance with the provisions of the Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Hire Purchase : DBS BANK LTD

QBE Insurance (Singapore) Pte Ltd

Date of Issue: 12/02/2018


Authorized Signature